

**COMMUNITY CARE LICENSING TO TRUSTLINE
CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST**

ATTN: TRUSTLINE REGISTRY PROGRAM

A COPY OF YOUR CALIFORNIA DRIVER'S LICENSE OR A VALID PHOTO IDENTIFICATION ISSUED BY ANOTHER STATE OR THE U.S. GOVERNMENT MUST BE SUBMITTED WITH THIS TRANSFER REQUEST.

PLEASE TYPE OR PRINT LEGIBLY	DATE:
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PLEASE ASSOCIATE THE FOLLOWING PERSON TO THE TRUSTLINE REGISTRY:

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET ADDRESS/P.O. BOX:	CITY	STATE	ZIP CODE:
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CA DRIVER'S LICENSE #:	DOB:
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CLEARANCE ID#:	SSN: (OPTIONAL)
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FACILITY LAST ASSOCIATED WITH:

NAME OF FACILITY:	FACILITY NUMBER:
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STREET ADDRESS:	CITY	STATE	ZIP CODE:
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☐ **PLEASE KEEP THIS PERSON ASSOCIATED WITH THE ABOVE FACILITY**

I declare under penalty of perjury that the information provided on this application is true and correct. I understand that any false statements may result in the denial or revocation of my license and/or TrustLine Registration.

SIGNATURE OF TRUSTLINE REGISTRANT

THIS TRANSFER REQUEST FORM MUST BE SUBMITTED WITH A TRUSTLINE APPLICATION FORM.**FOR LICENSING USE ONLY**

CII Cleared?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FBI Cleared?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CACI Cleared?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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TRUSTLINE EMPLOYEE SIGNATURE:

TRUSTLINE REGISTRANT IDENTIFICATION NUMBER	DATE
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